

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) HCP    ( ) IE    ( ) IC Requestor's Name and Address Edward Wolski, MD / Wol+Med (L. Minor, DC) 2436 IH-35 E. South, Ste. 336 Denton TX 76205	<b>Response Timely Filed?</b> ( ) Yes    ( ) No MDR Tracking No.: M4-03-8656-01 TWCC No.: Injured Employee's Name: Date of Injury: Employer's Name: Staff Leasing Insurance Carrier's No.: 9000422872
Respondent's Name and Address      BOX #: 47 Continental Casualty Co. c/o Wilson, Grosenheider PO Box 1584 Austin TX 78767	

## PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
7/16/02	7/16/02	97110	\$35.00	\$0.00
7/16/02	7/16/02	97113	\$52.00	\$0.00
7/16/02	7/16/02	97530 x 2	\$70.00	\$0.00
7/18/02	7/18/02	97012	\$20.00	\$0.00

## PART III: REQUESTOR'S POSITION SUMMARY

7/1/03: MDR received dispute from requestor. A specific 'Position Summary' was not received from the requestor. The 'Rationale' for increased reimbursement, as stated on the 'Table of Disputed Services' follows:

"CPT codes 97110, 97113 and 97530 (2-units) for DOS 7/16/02 – The carrier has failed to make payment, deny, or respond in any way to these billings, as per TWCC Rule 133.304 (a). We filed a request for reconsideration after the 45<sup>th</sup> day timeframe, and the carrier has failed to respond as per TWCC Rule 133.304 (l)\*\*THERE ARE NO EOB'S WITH THIS DATE OF SERVICE\*\*NO RESPONSE FROM CARRIER."

"CPT code 97012 on DOS 7/18/02 - The carrier denied this service with PEC "T". We informed the carrier by way of our request for reconsideration, that the use of this code was invalid, as the treatment guidelines were abolished (TWCC Advisory 2002-11). The carrier has failed to respond to the request for reconsideration as per TWCC Rule 133.304(l)."

## PART IV: RESPONDENT'S POSITION SUMMARY

8/21/03: "Statement of Disputed Issues" "Provider seeks additional reimbursement...for additional units of CPT codes 97110 and 97530 for DOS 7/16/02...Provider has already been reimbursed for six units of code 97110 and two units of 97530 for that DOS (EOB attached). Pursuant to the Physical Medicine Ground Rules, the maximum amount of time allowed per session is two hours, and Provider has been reimbursed in accordance with that guideline. If additional time is required to complete the treatment rendered in a session, a maximum of one hour may be allowed, but DOP is required. Provider has not submitted DOP to establish the reasonableness and medical necessity of additional units of 97110 and 97530. Therefore, Provider is not entitled to additional reimbursement for those codes.

Likewise, Provider seeks reimbursement for CPT code 97113 for DOS 7/16/02 and CPT code 97012 for DOS 7/18/02. However, Provider has already been reimbursed for four CPT codes on those same DOS. The Physical Medicine Ground Rules state that a physical medicine session is defined as any combination of four modalities, and only one session per day is allowed after the first week of the acute phase of the injury. The Claimant was well past the first week...the Provider is not entitled to additional reimbursement for a fifth modality for either date...."

Exhibit I, presented by the respondent is a copy of the EOB showing DOS paid.

**PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION**

- A call was placed to the respondent to verify the payments indicated per EOB's.
  - a) Check #140367657 was issued on 9/23/02 for \$606.00 per EOB for DOS 7/11/02 and 7/16/02.
  - b) Check #140367658 was issued on 9/23/02 for \$442.00 per EOB for DOS 7/18/02 and 7/19/02.
  - c) These checks were made out to Leslie Miner, DC, per the HCFA.

- CPT code 97110 ( DOS 7/16/02): Per the requestor, they did not receive any EOB for this CPT code. Per the EOB submitted by the respondent, payment per MFG / MAR for six (6) units of this CPT code was made on 9/23/02. Additional units can not be recommended for following reason:

\*Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one". Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Submitted S.O.A.P. notes do not document the severity of the injury that would require exclusive one-to-one supervision. Therefore, additional reimbursement is not recommended.

- \* CPT code 97113 (DOS 7/16/02), denied with "T, 213 - The charge exceeds the scheduled value and/or parameters that would appear reasonable. Not according to Treatment Guideline."  
This definition is not inclusive of treatment guidelines and not a valid denial per TWCC Advisory 2002-11, therefore reviewing for 'fee' issues.  
Two hours of physical medicine sessions were paid, additional units billed were not substantiated with convincing evidence according to MFG/MGR (I)(A)(10)(a) for additional reimbursement.
- CPT code 97530 x 2 units (DOS 7/16/02) denied with "F – not according to treatment guidelines."  
This CPT was reimbursed for 2 units per MFG / MAR according to the EOB paid on 9/23/02.  
Two hours of physical medicine sessions were paid, additional units billed were not substantiated with convincing evidence according to MFG/MGR (I)(A)(10)(a) for additional reimbursement.
- \* CPT code 97012 (DOS 7/18/02), denied with "T, 213 - The charge exceeds the scheduled value and/or parameters that would appear reasonable. Not according to Treatment Guideline."  
This definition is not inclusive of treatment guidelines and not a valid denial per TWCC Advisory 2002-11, therefore reviewing for 'fee' issues.  
Two hours of physical medicine sessions were paid, additional units of the modality billed were not substantiated with convincing evidence according to MFG/MGR (I)(A)(10)(a) for additional reimbursement.

**PART VI: COMMISSION DECISION AND ORDER**

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to additional reimbursement.

Ordered by:

4/29/05

Authorized Signature

Name

Date of Order

**PART VII: YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on \_\_\_\_\_. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, 7551 Metro Center Drive, Suite #100, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

**Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

**PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION**

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_